



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Amy R. Myers, Treasurer
Campaign for Working Families
2800 Shirlington Road, Suite 605
Arlington, VA 22206

MAY 15 2002

Identification Number: C00325076

Reference: Year End Report (7/1/01-12/31/01)

Dear Ms. Myers:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses one or more contributions which appear to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) prohibit a committee and its affiliates from receiving any contribution from another political committee or person in excess of \$5,000 per calendar year.

If any apparently excessive contribution in question was incompletely or incorrectly disclosed, you must amend your original report with the clarifying information.

If any contribution you received exceeds the limits, you may have to refund the excessive amount. The funds can be retained if within 60 days of receipt, (1) the excessive amount was properly reattributed to another person, such as a joint account holder, by obtaining signed written authorizations from each person making the contribution pursuant to 11 CFR 110.1(k)(3), and (2) the treasurer informs the person making the contribution that he or she may request the return of the excessive portion of the contribution if it is not intended to be a joint contribution. Any request from a donor for a refund must be honored.

CAMPAIGN FOR WORKING FAMILIES

PAGE 2

Alternatively, the funds can be retained if within 60 days of receipt you (1) transferred the excessive amount to an account not used to influence federal elections, and (2) provided written notice to the person making the contribution of the option of receiving a refund. Any request from a donor for a refund must be honored.

If the foregoing conditions for reattributions or transfers to a non-federal account were not met within 60 days of receipt, the excessive amount must be refunded.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for any transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

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Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))
The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

A response or amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Colleen Manning
Reports Analyst
Reports Analysis Division

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 304

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. BRISTOL BARBARA F MRS

Mailing Address

3 COOKS FARM LN

City

LYNNFIELD

State

MA

Zip Code

01940

Date of Receipt

MM/DD/YYYY 12/31/2001

FEC ID number of contributing
federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

11000.00

Other (specify) □

Amount of Each Receipt this Period

10000.00

Transaction ID: SA11A1.15571

Full Name (Last, First, Middle Initial)

B. BRISTOL TERRY MR

Mailing Address

344 E FOOTHILLS PKY

RED ROOM B-W

City

FORT COLLINS

State

CO

Zip Code

80525

Date of Receipt

MM/DD/YYYY 07/05/2001

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED - NOT RECD

Occupation

ASSET MGR

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

350.00

Other (specify) □

Amount of Each Receipt this Period

50.00

Transaction ID: SA11A1.19495

Full Name (Last, First, Middle Initial)

C. BRISTOL TERRY MR

Mailing Address

344 E FOOTHILLS PKY

RED ROOM B-W

City

FORT COLLINS

State

CO

Zip Code

80525

Date of Receipt

MM/DD/YYYY 08/03/2001

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED - NOT RECD

Occupation

ASSET MGR

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

400.00

Other (specify) □

Amount of Each Receipt this Period

50.00

Transaction ID: SA11A1.19496

SUBTOTAL of Receipts This Page (optional)

10100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 304

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (in Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. BREARTON JAMES E MR

Mailing Address

8 EATON RD

City State Zip Code
TROY NY 12180

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED - NOT RECD

Occupation

ATTORNEY AT LAW

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

950.00

Other (specify) □

Date of Receipt

09	05	2001
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Amount of Each Receipt this Period

100.00

Transaction ID: SA11A1.15836

Full Name (Last, First, Middle Initial)

B. BREARTON JAMES E MR

Mailing Address

8 EATON RD

City State Zip Code
TROY NY 12180

FEC ID number of contributing
federal political committee.

Name of Employer
INFORMATION REQUESTED - NOT RECD

Occupation

ATTORNEY AT LAW

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

976.00

Other (specify) □

Date of Receipt

11	02	2001
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Amount of Each Receipt this Period

25.00

Transaction ID: SA11A1.15838

Full Name (Last, First, Middle Initial)

C. BRISTOL BARBARA F MRS

Mailing Address

3 COOKS FARM LN

City State Zip Code
LYNNFIELD MA 01940

FEC ID number of contributing
federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

1000.00

Other (specify) □

Date of Receipt

11	02	2001
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Amount of Each Receipt this Period

1000.00

Transaction ID: SA11A1.15570

SUBTOTAL of Receipts This Page (optional)

1126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 304

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
13		14		15		16	17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. SCOTT WILLIAM DR

Mailing Address

1118 S 3RD AVE E

City

ELY

State

MN

Zip Code

55731

FEC ID number of contributing
federal political committee:

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

8500.00

Other (specify) *

Date of Receipt

MM DD YYYY
 12 10 2001

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SELF GARY MR

Mailing Address

8508 Yorkshire Drive

City

Orange

State

TX

Zip Code

77632

FEC ID number of contributing
federal political committee:

Occupation

Info Requested

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

210.00

Other (specify) *

Transaction ID: SA11A1.18272

Date of Receipt

MM DD YYYY
 09 05 2001

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. SELF GARY MR

Mailing Address

8508 Yorkshire Drive

City

Orange

State

TX

Zip Code

77632

FEC ID number of contributing
federal political committee:

Occupation

Info Requested

Receipt For: 2001

Aggregate Year-to-Date □

Primary General

230.00

Other (specify) *

Transaction ID: SA11A1.19293

Date of Receipt

MM DD YYYY
 10 05 2001

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ►

5040.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 190

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. SCOTT WILLIAM DR

Mailing Address

1118 S 3RD AVE E

City

ELY

State

MN

Zip Code

55731

FEC ID number of contributing
federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date ♦

Primary General

3000.00

Other (specify) □

Date of Receipt

MM DD YYYY
01 05 2001

Amount of Each Receipt this Period

3000.00

Transaction ID: SA11A1.9836

Full Name (Last, First, Middle Initial)

B. SCOTT WILLIAM DR

Mailing Address

1118 S 3RD AVE E

City

ELY

State

MN

Zip Code

55731

FEC ID number of contributing
federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date ♦

Primary General

3500.00

Other (specify) □

Date of Receipt

MM DD YYYY
06 18 2001

Amount of Each Receipt this Period

500.00

Transaction ID: SA11A1.9837

Full Name (Last, First, Middle Initial)

C. SHACKETT VICTORIA S MRS

Mailing Address

321 SIERRA WOODS DR

City

SIERRA MADRE

State

CA

Zip Code

91024

FEC ID number of contributing
federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date ♦

Primary General

500.00

Other (specify) □

Date of Receipt

MM DD YYYY
01 02 2001

Amount of Each Receipt this Period

500.00

Transaction ID: SA11A1.13079

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 304

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. SCOTT BETTY MRS

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For: 2001

Aggregate Year-to-Date

Primary General

Other (Specify)

250.00

Date of Receipt

MM DD YYYY
12 10 2001

Amount of Each Receipt this Period

50.00

Transaction ID: SA11A1.20020

Full Name (Last, First, Middle Initial)

B. SCOTT MARTHA MRS

Mailing Address

1118 S 3RD AVE E

City

State

Zip Code

ELY

MN

55731

FEC ID number of contributing
federal political committee.

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date

Primary General

Other (Specify)

1500.00

Date of Receipt

MM DD YYYY
09 10 2001

Amount of Each Receipt this Period

500.00

Transaction ID: SA11A1.18270

Full Name (Last, First, Middle Initial)

C. SCOTT MARTHA MRS

Mailing Address

1118 S 3RD AVE E

City

State

Zip Code

ELY

MN

55731

FEC ID number of contributing
federal political committee.

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date

Primary General

Other (Specify)

6500.00

Date of Receipt

MM DD YYYY
12 10 2001

Amount of Each Receipt this Period

5000.00

Transaction ID: SA11A1.18271

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 190

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

Campaign for Working Families

Full Name (Last, First, Middle Initial)

A. SCHREIBER CHARLES J MR JR

Mailing Address

27091 HIDDEN TRAIL RD

City

LAGUNA BEACH

State

CA

Zip Code

92663

Date of Receipt

MM	DD	YY
06	28	01

Amount of Each Receipt this Period

3000.00

FEC ID number of contributing federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001

Aggregate Year-to-Date *

Primary General
Other (specify) *

3000.00

Transaction ID: SA11A1.13554

Full Name (Last, First, Middle Initial)

B. SCOTT JEFFREY MR

Mailing Address

1201 TOTTENHAM CT

City

RESTON

State

VA

Zip Code

20194

Date of Receipt

MM	DD	YY
04	28	01

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001
Primary General
Other (specify) *

Aggregate Year-to-Date *

250.00

Transaction ID: SA11A1.5503

Full Name (Last, First, Middle Initial)

C. SCOTT MARTHA MRS

Mailing Address

1118 S 3RD AVE E

City

ELY

State

MN

Zip Code

55731

Date of Receipt

MM	DD	YY
04	18	01

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2001
Primary General
Other (specify) *

Aggregate Year-to-Date *

1000.00

Transaction ID: SA11A1.9834

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

